

EXHIBIT 600.2



NMS Labs
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CONFIDENTIAL

June 24, 2008

TO: 60C
 Santa Cruz County Coroner
 Attn: Alan Burt
 701 Ocean Street, #340
 Santa Cruz, CA 95060

SUPPLEMENTAL TOXICOLOGY REPORT OF: McCORNACK, Daniel E. 45/M
 NMS Workorder No. 08095896
 NMS Control No: 10843208
 Client ID No: 08-02797

SPECIMENS: One gray top tube containing ~ 10 mL of peripheral blood, one clear vial containing ~ 14 mL of peripheral blood and two white plastic containers (one containing ~ 30 mL of urine and one containing ~ 32 g of liver) were received on 03/28/08.

EXAMINATION: Analysis Requested - Panel 8092B - Autopsy Toxicology Therapeutic and Abused Drug Screen
 Test No. 1615B - Digoxin

FINDINGS:

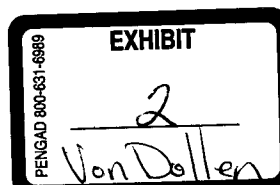
Blood

ETHYL ALCOHOL (by Enzymatic Assay & Headspace GC)	48 mg/dL (BAC=0.048 % w/v)
DILTIAZEM (by GC & GC/MS)	630 nanog/mL
DIGOXIN (by LC-MS/MS)	3.6 nanog/mL
QUINIDINE/QUININE* (by GC/MS)	Trace
ATROPINE (by GC/MS)	Positive

*Quinine and quinidine can be differentiated analytically, but this is a separate analysis. If further delineation is necessary, please contact the laboratory.

Incidental findings by GC/MS: CAFFEINE and THEOBROMINE.

Other than the above findings, examination of the specimens submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.



Handwritten signature and date: 6.27.08

PLAINTIFFS' EXHIBITS 009992

PLT DEM, Sr.(2)00071

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COMMENTS:

1. Ethyl alcohol is a CNS-depressant and has effects so-related, e.g., unpaired judgment, alertness and coordination.

If the determined blood alcohol concentration (BAC) is representative of the circulating BAC at the time of the fatal incident, then it represents an absorbed body burden of approximately 2 "drinks" of an alcoholic beverage in an adult of average size weighing approximately 155 lbs.

Note: a "drink" = 1 oz. of distilled spirits
 4 oz. of wine
 12 oz. of beer

Each of the drinks listed above contains about the same amount of ethyl alcohol.

2. Diltiazem (Cardizem®) is a calcium channel blocking coronary vasodilator indicated for the treatment of variant, exertional and unstable angina. It is also used in arrhythmic and/or hypertensive therapy. Desacetyldiltiazem is an active metabolite of diltiazem. Divided doses up to 180-360 mg daily may be prescribed for angina.

Therapeutic blood levels of diltiazem appear to be in the range of 50 to 200 nanog/mL. Numerous cases of diltiazem overdose have been reported. The majority of individuals who receive prompt treatment survive diltiazem overdose; however, death has been reported, especially in conjunction with other substances. Diltiazem has been found mixed with cocaine, either as a cutting agent or in an attempt to reduce cocaine-induced increased blood pressure. In a separate, small series of diltiazem related fatalities, the postmortem blood concentrations range from 6700 to 33,000 nanog/mL (mean 16,000 nanog/mL). In addition, diltiazem is reported to undergo postmortem redistribution with an average heart blood/femoral blood ratio of 2.6.

3. Digoxin (Lanoxin®) is a cardiac glycoside used in the treatment of congestive heart failure and other contractility-related deficiencies. There is considerable individualization of the dose of this medication and what is therapeutic in one individual may be toxic in another.

Individuals are generally titrated to find an appropriate dosage, especially since digoxin has a low therapeutic index.

4. Quinine and quinidine are stereoisomers derived from the bark of the cinchona tree. Quinine has been used in the past as an antimalarial, but is more commonly used today to treat muscle cramps. It is also used as a flavoring agent in tonic waters and as a cutting agent adulterant in illicit street drug dosages of heroin. Adverse effects include gastrointestinal disturbances, tinnitus, dizziness, arrhythmias and hypotension.

Quinidine is frequently used as an antiarrhythmic agent. It is available for acute administration by intramuscular or intravenous injection of 200 to 750 mcg or for maintenance therapy in oral doses of 600 to 4,000 mg daily. Toxicity is manifested by gastrointestinal disturbances, giddiness, tinnitus, diplopia and hypotension.

5. Atropine is an anticholinergic alkaloid used in pre-anesthetic therapy to control airway secretions and as an antispasmodic to control gastrointestinal spasms. It is frequently used as an antidote in the treatment of anticholinesterase-type pesticides. It can be obtained naturally from deadly nightshade or jimson weed. Atropine is also used in resuscitative attempts.

Toxic effects of atropine have considerable individual variation; however, at high doses, signs and symptoms include mydriasis, hot dry reddened skin, deliriums and hallucinations.

In resuscitative failure, most of the administered drug remains confined to the intravascular injection pathway.

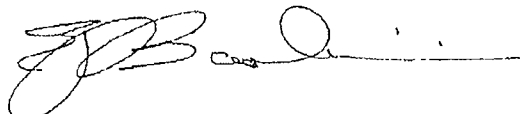
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PLT DEM, Sr.(2)00072

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Respectfully,



Edward J. Barbieri, Ph.D.
Forensic Toxicologist

EJB/lfb

This analysis was performed under chain of custody. The chain of custody documentation is on file at NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date of this report.

**** ANALYSIS SUMMARY ****

8092B - Therapeutic and Abused Drug Screen

Test No. 8092B - Drug Screen by Enzyme-Linked Immunosorbent Assay (ELISA) on Blood for: Amphetamine, Barbiturates, Benzodiazepines, Cannabinoids (Marijuana), Cocaine/Metabolites, Methamphetamine, Opiates and Phencyclidine (PCP), Headspace Gas Chromatography for Ethanol, Methanol, Acetone and Isopropyl Alcohol.

Test No. 8092B - Drug Screen II- Gas Chromatography and Gas Chromatography/Mass Spectrometry Analysis on Blood:

The following is a general list of compound classes included in the Gas Chromatographic screen. Other specific compounds outside these classes are also included. Please note that not all known compounds included in each specified class or heading are included. The detection of any particular compound is concentration-dependent. For a detailed list of all compounds included in this screen, please contact NMS Labs.

Analgesics (opioid and non-opioid), Anesthetics, Antiasthmatic Agents, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Antitussive Agents, Anxiolytics (Benzodiazepine and others), Cardiovascular Agents (non-digitalis), Hallucinogens, Hypnotosedatives (Barbiturate and others), Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others)

Test No. 8092B - Colorimetric Analysis on Blood for: Salicylates and Acetaminophen.

Test No. 5010B - Alcohol Confirmation - Enzymatic Assay on Blood for: Ethanol (Ethyl alcohol).

Test No. 1640B - Diltiazem - Gas Chromatography on Blood for: Diltiazem.

Test No. 1615B - Digoxin - Liquid Chromatography - Tandem Mass Spectrometry on Blood for: Digoxin.

***** END OF REPORT *****